BI (Official)	United States Bankruptcy Eastern District of New Yo									Vol	luntary Petition	
	ebtor (if ind ney, Joh		er Last, First,	Middle):				Name of Joint Debtor (Spouse) (Last, First, Middle): O'Mahoney, Carla				
	All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):						All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four dig	e, state all)	Sec. or Indi	vidual-Taxpa	yer I.D. (ITIN)/Com	plete EIN	(if more	our digits o	all)	r Individual-'	Taxpayer I.	.D. (ITIN) No./Complete EIN
Street Addre	ess of Debto	•	Street, City, a	and State)	_	ZIP Code	Street 30 S		Joint Debtor	(No. and St	reet, City, a	ZIP Code
	Residence or	of the Prin	cipal Place o	f Busines:		11727			ence or of the	Principal Pl	ace of Busi	11727 iness:
Suffolk Mailing Add	dress of Deb	otor (if diffe	rent from str	eet addres	ss):			ffolk ng Address	of Joint Debt	tor (if differe	nt from stre	eet address):
					г	ZIP Code						ZIP Code
Location of (if different					I		I					1
(Form	• •	f Debtor	one hov)			of Business			-	of Bankruj Petition is F		Under Which
See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.)			☐ Sing in 1 ☐ Rail ☐ Stoo	 ☐ Health Care Business ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank ☐ Other 			☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt	er 7 er 9 er 11 er 12	C of	hapter 15 F a Foreign hapter 15 F	Petition for Recognition Main Proceeding Petition for Recognition Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:			unde	(Check box for is a tax-exer Title 26 of	mpt Entity a, if applicable tempt organize the United So I Revenue Co	e) zation tates	defined	are primarily co d in 11 U.S.C. § red by an indivi onal, family, or	onsumer debts § 101(8) as idual primarily	for	Debts are primarily business debts.	
Full Filing		•	heck one box	:)		l —	one box:	nall husiness	Chap debtor as defin	oter 11 Debt		D)
Filing Fee attach sign debtor is u Form 3A.	e to be paid in ned application unable to pay e waiver requ	n installments on for the cou fee except in ested (applica	(applicable to art's considerat installments. able to chapter art's considerat	ion certifyi Rule 1006(7 individu	ng that the (b). See Office als only). Mu	Check Check BB.	Debtor is not if: Debtor's aggine less than sall applicable A plan is bein Acceptances	a small busing regate nonco \$2,490,925 (each boxes: any filed with of the plan w	ness debtor as ontingent liquida amount subject this petition.	defined in 11 lated debts (exit to adjustment	U.S.C. § 101 cluding debts ton 4/01/16	
Debtor e	estimates that estimates that	nt funds will nt, after any	ation I be available exempt prop for distribut	erty is ex	cluded and	administrat		es paid,		THIS	S SPACE IS	FOR COURT USE ONLY
Estimated N 1- 49	Number of C 50- 99	reditors 100- 199	200-	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000			
Estimated A So to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	to \$1	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				
Estimated Li \$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				

B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition O'Mahoney, John O'Mahoney, Carla (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: EDNY - CI 14-71743-reg (Ch 13) 4/21/14 Location Case Number: Date Filed: Where Filed: EDNY - CI 10-70011 (Ch 13) 1/04/10 Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Richard S. Feinsilver May 13, 2015 Signature of Attorney for Debtor(s) (Date) Richard S. Feinsilver Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: **Exhibit D** also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and П Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(04/13) Page 3 Name of Debtor(s): **Voluntary Petition** O'Mahoney, John O'Mahoney, Carla (This page must be completed and filed in every case) Signatures Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition petition is true and correct. is true and correct, that I am the foreign representative of a debtor in a foreign [If petitioner is an individual whose debts are primarily consumer debts and proceeding, and that I am authorized to file this petition. has chosen to file under chapter 7] I am aware that I may proceed under (Check only one box.) chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief ☐ I request relief in accordance with chapter 15 of title 11. United States Code. available under each such chapter, and choose to proceed under chapter 7. Certified copies of the documents required by 11 U.S.C. §1515 are attached. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b). ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting I request relief in accordance with the chapter of title 11, United States Code, recognition of the foreign main proceeding is attached. specified in this petition. ▼ /s/ John O'Mahoney Signature of Foreign Representative Signature of Debtor John O'Mahoney Printed Name of Foreign Representative X /s/ Carla O'Mahoney Signature of Joint Debtor Carla O'Mahoney Date Telephone Number (If not represented by attorney) Signature of Non-Attorney Bankruptcy Petition Preparer May 13, 2015 I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Date compensation and have provided the debtor with a copy of this document Signature of Attorney* and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services X /s/ Richard S. Feinsilver chargeable by bankruptcy petition preparers, I have given the debtor notice Signature of Attorney for Debtor(s) of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Richard S. Feinsilver rf5531 Official Form 19 is attached. Printed Name of Attorney for Debtor(s) Richard S. Feinsilver Esq Printed Name and title, if any, of Bankruptcy Petition Preparer Firm Name **One Old Country Road** Suite 125 Social-Security number (If the bankrutpcy petition preparer is not Carle Place, NY 11514 an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition Address preparer.)(Required by 11 U.S.C. § 110.) Email: feinlawny@yahoo.com 516-873-6330 Fax: 516-873-6183 Telephone Number May 13, 2015 Address Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Date Signature of Debtor (Corporation/Partnership) Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition Names and Social-Security numbers of all other individuals who prepared or on behalf of the debtor. assisted in preparing this document unless the bankruptcy petition preparer is The debtor requests relief in accordance with the chapter of title 11, United not an individual: States Code, specified in this petition. Signature of Authorized Individual If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. Printed Name of Authorized Individual

Title of Authorized Individual

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in

fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Eastern District of New York

In re	John O'Mahoney Carla O'Mahoney		Case No.	
		Debtor(s)	Chapter	13

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

May 13, 2015

Date:

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Eastern District of New York

In re	John O'Mahoney Carla O'Mahoney		Case No.	
		Debtor(s)	Chapter	13

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- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

May 13, 2015

Date:

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Eastern District of New York

In re	John O'Mahoney,		Case No.	
_	Carla O'Mahoney			
		Debtors	Chapter	13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	275,000.00		
B - Personal Property	Yes	4	163,258.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		351,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		6,641.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		19,738.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			10,858.72
J - Current Expenditures of Individual Debtor(s)	Yes	2			5,125.00
Total Number of Sheets of ALL Schedu	ıles	19			
	To	otal Assets	438,258.00		
			Total Liabilities	377,379.00	

B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Eastern District of New York

In re	John O'Mahoney,		Case No.	
	Carla O'Mahoney			
_		Debtors	Chapter	13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	6,641.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	6,641.00

State the following:

Average Income (from Schedule I, Line 12)	10,858.72
Average Expenses (from Schedule J, Line 22)	5,125.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	18,342.50

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		76,000.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	6,641.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		19,738.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		95,738.00

Filed 06/01/15 Entered 06/01/15 13:03:12 Case 8-15-72384-reg Doc 1

B6A (Officia	al Form 6A) (12/07)	
•		
In re	John O'Mahoney,	Case No.
	Carla O'Mahoney	
_		Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

One Family Dwelling 30 Sequoia DriveCoram, NY	Tenancy by the Ent	irety J	275,000.00	351,000.00
Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim

Sub-Total > 275,000.00 (Total of this page)

275,000.00

Total >

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re	John O'Mahoney,
	Carla O'Mahoney

Case No.		

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

		N		Husband,	Current Value of
	Type of Property	O N E	Description and Location of Property	Wife, Joint, or Community	Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cas	h	J	100.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Che	cking at TD Bank	J	3,500.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, including audio, video, and computer equipment.	Miso	c furniture and small appliances	J	2,500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.	Clot	thing	J	750.00
7.	Furs and jewelry.	Wat	ch and other personal property	J	750.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10	. Annuities. Itemize and name each issuer.	X			

3 continuation sheets attached to the Schedule of Personal Property

7,600.00

Sub-Total >

(Total of this page)

B6B (Official Form 6B) (12/07) - Cont.

In re	John O'Mahoney,		
	Carla O'Mahonev		

Case No.		

Debtors

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	х			
12.	Interests in IRA, ERISA, Keogh, or	Pensi	on - Prior Employer	W	25,000.00
	other pension or profit sharing plans. Give particulars.	Pensi	on-NYC	Н	100,000.00
		Pensi	on - NYC	W	5,000.00
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > (Total of this page)

130,000.00

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re	John O'Mahoney,		
	Carla O'Mahonev		

Debtors

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22	Patents, copyrights, and other intellectual property. Give particulars.	X			
23	Licenses, franchises, and other general intangibles. Give particulars.	X			
24	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	2013 Toyot 2008 Hyund		w H	20,000.00 5,658.00
26	Boats, motors, and accessories.	X			
27	Aircraft and accessories.	X			
28	Office equipment, furnishings, and supplies.	x			
29	Machinery, fixtures, equipment, and supplies used in business.	X			
30	Inventory.	X			
31	Animals.	X			
32	Crops - growing or harvested. Give particulars.	x			
33.	Farming equipment and implements.	X			
34	Farm supplies, chemicals, and feed.	X			

Sub-Total > (Total of this page)

25,658.00

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

Doc 1 Filed 06/01/15 Entered 06/01/15 13:03:12 Case 8-15-72384-reg

B6B (Official Form 6B) (12/07) - Cont.

In re	John O'Mahoney,	Case No.
	Carla O'Mahoney	

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
------------------	------------------	--------------------------------------	---	---

35. Other personal property of any kind not already listed. Itemize. X

> Sub-Total > (Total of this page)

163,258.00 Total >

(Report also on Summary of Schedules)

0.00

B6C (Official Form 6C) (4/13)

In re John O'Mahoney, Carla O'Mahoney

Case No.

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

■ 11 U.S.C. §522(b)(2)
□ 11 U.S.C. §522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand Cash	11 U.S.C. § 522(d)(5)	100.00	100.00
Checking, Savings, or Other Financial Account Checking at TD Bank	nts, Certificates of Deposit 11 U.S.C. § 522(d)(5)	3,500.00	3,500.00
Household Goods and Furnishings Misc furniture and small appliances	11 U.S.C. § 522(d)(3)	2,500.00	2,500.00
Wearing Apparel Clothing	11 U.S.C. § 522(d)(3)	750.00	750.00
<u>Furs and Jewelry</u> Watch and other personal property	11 U.S.C. § 522(d)(4)	750.00	750.00
Interests in IRA, ERISA, Keogh, or Other Pens Pension - Prior Employer	ion or Profit Sharing Plans 11 U.S.C. § 522(d)(10)(E)	25,000.00	25,000.00
Pension-NYC	11 U.S.C. § 522(d)(10)(E)	100,000.00	100,000.00
Pension - NYC	11 U.S.C. § 522(d)(10)(E)	5,000.00	5,000.00
Automobiles, Trucks, Trailers, and Other Vehi 2013 Toyota	cles 11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5)	3,675.00 16,325.00	20,000.00
2008 Hyundai Elantra	11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5)	3,675.00 1,983.00	5,658.00

Total: 163,258.00 163,258.00

B6D (Official Form 6D) (12/07)

In re	John O'Mahoney,
	Carla O'Mahoney

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	UNLIQUIDA	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 5804			01/01/2007] ⊺	DATED			
HSBC MORTGAGE 636 GRAND REGENCY BLVD BRANDON, FL 33510		J	Mortgage One Family Dwelling 30 Sequoia DriveCoram, NY		ט			
			Value \$ 275,000.00				65,000.00	0.00
Account No. 9844			01/01/2007					
HSBC MORTGAGE 636 GRAND REGENCY BLVD BRANDON, FL 33510		J	Mortgage One Family Dwelling 30 Sequoia DriveCoram, NY					
			Value \$ 275,000.00				286,000.00	76,000.00
Account No.			Value \$	-				
Account No.								
			Value \$	-				
continuation sheets attached	continuation sheets attached Subtotal (Total of this page) 351,000.00 76,000.0							
Total (Report on Summary of Schedules) 76,000.00 76,000.00								

B6E (Official Form 6E) (4/13) In re John O'Mahoney, Case No._ Carla O'Mahoney **Debtors** SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.) Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ■ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

\square Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re	John O'Mahoney,	Case No.
	Carla O'Mahoney	<u> </u>

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community UNLIQUIDATED DISPUT AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT AND MAILING ADDRESS Н AMOUNT DATE CLAIM WAS INCURRED INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) 4/15/2015 Account No. 1337 **Personal Income Taxes** INTERNAL REVENUE SERVICE 0.00 11601 ROOSEVELT BLVD **BOX 7346** J PHILADELPHIA, PA 19114 6,178.00 6,178.00 4/15/2015 Account No. 1337 **Personal Income Taxes NYS DEPT OF TAXATION** 0.00 **BANKRUPTCY UNIT BLDG 8 ROOM 455** J **WA HARRIMAN CAMPUS ALBANY, NY 12227** 463.00 463.00 Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 6,641.00 6,641.00 0.00 (Report on Summary of Schedules) 6,641.00 6,641.00

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

B6F (Official Form 6F) (12/07)

			•				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	I DATE CLAUVEW AS INCURRED AND	N T I N	- Q U - D	S P U T	AMOUNT OF CLAIM
Account No. 1540			1/1/2006	T	A T E		
ARROW FINANCIAL 5996 W TOUHY AVE NILES, IL 60714		J	Credit Card		D		367.00
Account No. 5683			1/1/2005	T			
BANK OF AMERICA PO BOX 15019 WILMINGTON, DE 19886		J	Credit Card				1,400.00
Account No. 8945			1/1/2003	T			
BANK OF AMERICA BOX 15019 WILMINGTON, DE 19886		J	Credit Card				3,600.00
Account No. 7634		\vdash	1/1/2006	\vdash	\vdash		3,333.03
CENTRAL PORTFOLIO CONTROL 6640 SHADY OAK RD SUITE 300 EDEN PRAIRIE, MN 55344		J	Credit Card				43.00
			<u> </u>	Subt	tota	<u></u> 1	
3 continuation sheets attached			(Total of t				5,410.00

B6F (Official Form 6F) (12/07) - Cont.

In re	John O'Mahoney,	Case No
	Carla O'Mahoney	

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	CO	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	LIQUID	S P U T E	AMOUNT OF CLAIM
Account No. 4439			1/1/2005	Ť	A T E		
CHASE PO BOX 15153 WILMINGTON, DE 19886		J	Credit Card		D		650.00
Account No. 5011			1/1/2005	T			
COLLECTCORP 300 INTERNATIONAL DR SUITE 100 WILLIAMSVILLE, NY 14221		J	Credit Card				
							200.00
Account No. 9499 CURTIS O BARNES ESQ PO BOX 13910 ANAHEIM, CA 17032		J	1/1/2005 Credit Card				
							792.00
Account No. 0496 DISCOVER PO BOX 17084 CHARLOTTE, NC 28272		J	1/1/2004 Credit Card				
							4,900.00
Account No. 7381 HOME DEPOT PROCESSING CTR DES MOINES, IA 50364		J	1/1/2006 Credit Card				300.00
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of				Subt			6,842.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	0,042.00

B6F (Official Form 6F) (12/07) - Cont.

In re	John O'Mahoney,	Case No	
	Carla O'Mahoney		

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	l c	Нп	sband, Wife, Joint, or Community	To	Tu	Ιn	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	LIQUID	DISPUTED	AMOUNT OF CLAIM
Account No. 1809			1/1/2005	٦	Τ̈́E		
HSBC BOX 17051 BALTIMORE, MD 21297		J	Credit Card		D		700.00
Account No. 2352			1/1/2005 Credit Card				1 00.00
KOHLS BOX 2983 MILWAUKEE, WI 57201		J	Great Gard				
							1,047.00
Account No. 1674 MERCHANTS AND MEDICAL 6324 TAYLOR DR FLINT, MI 48507		J	1/1/2006 Credit Card				713.00
Account No. 8862	┢	_	1/1/2006	+	╁	+	7 10.00
POWELL ROGERS & SPEAKS PO BOX 930 HALIFAX, PA 17032		J	Credit Card				100.00
Account No. 6076			1/1/2006		+	+	100.00
RESURGENT CAPITAL PO BOX 10587 GREEBVUKKE, SC 29603		J	Credit Card				100.00
Sheet no. 2 of 3 sheets attached to Schedule of				Sub	tot	 a1	100.00
Creditors Holding Unsecured Nonpriority Claims			(Total c				2,660.00

B6F (Official Form 6F) (12/07) - Cont.

In ro	John O'Mahanay	Case No.
In re	John O'Mahoney,	Case No.
	Carla O'Mahoney	

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

					_	_	_	
CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	CO	U N		7	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NTINGENT	L I Q U I D A T	DI SPUTED) 	AMOUNT OF CLAIM
Account No. 9670			1/1/2006	ĺΫ	Ϊ́Ε		Ī	
SAMS CLUB PO BOX 960016 ORLANDO, FL 32896		J	Credit Card		E D			300.00
Account No. Unknown			1/1/2005			T	T	
SOVERIGN BANK PO BOX 12646 READING, PA 19612		w	Credit Card					
								200.00
Account No. 3052 TEACHERS FCU 2410 N OCEAN AVE		J	1/1/2004 Credit Card					
FARMINGVILLE, NY 11738								3,726.00
Account No. 6812			1/1/2005					
ZALES PROCESSING CENTER DES MOINES, IA 50364		J	Credit Card					
								600.00
Account No.	$\left\{ \ \ \right]$							
Sheet no. <u>3</u> of <u>3</u> sheets attached to Schedule of Subtotal Creditors Holding Unsecured Nonpriority Claims (Total of this page)						\int_{0}^{∞}	4,826.00	
			`		Γota		t	
			(Report on Summary of So) [19,738.00

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Debtors

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re	John O'Mahoney, Carla O'Mahoney	Case No
-		Debtors ,

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not

disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

B6H (Official Form 6H) (12/07)

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

E:II	in this information to identify	2001								
	in this information to identify your optor 1 John O'Mah									
Dei	otor 1 John O'Mah	ioney				_				
_	otor 2 Carla O'Mal	noney				_				
Uni	ted States Bankruptcy Court for the	e: EASTERN DISTRICT	OF NE	W YORK		_				
	se number nown)	-					ed filing nent sho	wing post-petition		
\bigcirc	fficial Form B 6I								ne following date:	
	chedule I: Your Inc	omo					MM / DD/	YYYY		40/40
	as complete and accurate as pos		nle are	filing togethe	r (Deht	or 1	and Debtor 2) be	oth are	equally respons	12/13
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ur spouse is not filing w On the top of any addit	ith you,	do not includ	e infori	natio	n about your sp	ouse. If	f more space is	needed,
1.	Fill in your employment information.		Debte	Debtor 1				Debtor 2 or non-filing spouse		
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Er	■ Employed			■ Emp	■ Employed		
		□ Not employed					☐ Not employed			
	employers.	Occupation	Principal			Readii	Reading Specialist			
	Include part-time, seasonal, or self-employed work.	Employer's name	NYC	Dept of Edu	cation	1	NYC D	ept of	Ed	
	Occupation may include student	Occupation may include student Employer's address								
	or homemaker, if it applies.		Brooklyn, NY 11201			Ozone	Ozone Park, NY 11416			
		How long employed t	here?	20 years				3 years	S	
Par	t 2: Give Details About Mo	nthly Income								
	mate monthly income as of the cuse unless you are separated.		you hav	e nothing to rep	oort for	any I	ine, write \$0 in th	e space.	. Include your nor	n-filing
-	u or your non-filing spouse have m e space, attach a separate sheet to		ombine t	he information	for all e	emplo	oyers for that pers	on on th	ne lines below. If y	you need
							For Debtor 1		Debtor 2 or -filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,				2.	\$	12,222.50	\$	6,121.66	
3.	Estimate and list monthly over	time pay.			3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add li	ne 2 + line 3.			4.	\$	12,222.50	\$	6,121.66	

Official Form B 6I Schedule I: Your Income page 1

Debt Debt		John O'Mahoney Carla O'Mahoney	-	Cas	e number (if known)			
				Fo	or Debtor 1		Debtor 2 or -filing spouse	
	Cop	by line 4 here	4.	\$	12,222.50	\$	6,121.66	
5.	List	all payroll deductions:						
	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5a. 5b. 5c. 5d. 5e. 5f.	\$ \$ \$ \$ \$ \$ \$	3,170.00 1,108.00 0.00 1,174.00 0.00 0.00 183.34	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,512.00 113.26 0.00 116.50 0.00 0.00 108.34	
6.	5h.	Other deductions. Specify: I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ ^{5h.+} 6.	\$ \$		+ \$ <u> </u>	0.00	
o. 7.		culate total monthly take-home pay. Subtract line 6 from line 4.	o. 7.	э ₋ \$	5,635.34	э \$	1,850.10	
8.		Real other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8a. 8b. 8c. 8d. 8e.	\$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00	
9.		Other monthly income. Specify: d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	+ \$ <u> </u>	0.00	
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		6,587.16 + \$	4,2	271.56 = \$ 10,	858.72
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excity:	depen		•		Schedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies						858.72
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?				monthly in	

Official Form B 6I Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:						
Deb	tor 1	John O'Maho	onov			Ch	neck if this is:		
200	ioi i	John O Mand	леу			ο _ι			
Deb	tor 2	Carla O'Mah	onev				•	wing post-petition chapter	
(Spc	ouse, if filing)				_		13 expenses as of	the following date:	
Unit	ed States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF NEW YO	ORK		MM / DD / YYYY		
		.,.,				-		n Dahtan O hasawaa Daht	
	e number nown)						2 maintains a sepa	or Debtor 2 because Debto arate household	IC
Of	fficial Fo	orm B 6J							
			_ Evnor	Nege .				40/	40
		J: Your I			a filing tagathar be	oth are ea	rually recognished for	12/1	13
info	ormation. If m		eded, atta	. If two married people an ch another sheet to this t n.					
Par	t 1: Desc	ribe Your House	hold						
1.	Is this a join	nt case?							
	☐ No. Go to	o line 2.							
	Yes. Doe	es Debtor 2 live i	in a separa	ate household?					
		lo							
		-	st file a sep	parate Schedule J.					
2.	Do you hav	e dependents?	☐ No						
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state	the						☐ No	
	dependents	names.			Daughter		17	Yes	
					_			☐ No	
					Son		20	Yes	
					_			☐ No	
					Son		21	Yes	
								□ No	
2	De veur ev	nanaaa inaluda	_					☐ Yes	
3.	expenses of	penses include of people other tl	han $_{\square}^{-}$	No Yes					
	yourself an	d your depende	nts? □	165					
Par	t 2: Estim	ate Your Ongoi	ng Monthl	y Expenses					
exp				uptcy filing date unless y y is filed. If this is a supp					!
Incl	luda avnansa	e paid for with I	non-cash	government assistance it	f vou know				
the	value of suc	h assistance and		cluded it on Schedule I: Y	•		V		
(Off	ficial Form 6I	.)					Your exp	enses	
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	0.00	
	If not include	ded in line 4:							
	4a. Real	estate taxes				4a.	\$	0.00	
		erty, homeowner's	s, or renter	's insurance		4b.	·	175.00	
		•		ıpkeep expenses		4c.		150.00	
		owner's associat	•			4d.		0.00	
5.	Additional	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00	

Debtor 1 Debtor 2	John O'Mahoney Carla O'Mahoney	Case num	ber (if known)	
	ities:			
6a.	Electricity, heat, natural gas	6a.	·	450.00
6b.	Water, sewer, garbage collection	6b.	\$	50.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	250.00
6d.	Other. Specify:	6d.	\$	0.00
	od and housekeeping supplies	7.	\$	900.00
	Idcare and children's education costs	8.	\$	0.00
	thing, laundry, and dry cleaning	9.	\$	500.00
	sonal care products and services	10.	\$	100.00
	dical and dental expenses	11.	\$	400.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	560.00
	not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	140.00
	aritable contributions and religious donations	14.	· -	80.00
	urance.	17.	Ψ	00.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	. Life insurance	15a.	\$	0.00
15b	. Health insurance	15b.	\$	0.00
150	. Vehicle insurance	15c.	\$	245.00
150	l. Other insurance. Specify:	15d.	\$	0.00
. Tax	tes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe	ecify:	16.	\$	0.00
	tallment or lease payments:			
	. Car payments for Vehicle 1	17a.	\$	0.00
	. Car payments for Vehicle 2	17b.	· -	0.00
	Other. Specify:	17c.	\$	0.00
	l. Other. Specify:	17d.	\$	0.00
	Ir payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	0.00
	ner payments you make to support others who do not live with you.	10.	\$	0.00
	ecity:	19.	<u> </u>	0.00
	er real property expenses not included in lines 4 or 5 of this form or on Sche		our Income.	
	. Mortgages on other property	20a.		0.00
20b	. Real estate taxes	20b.	\$	0.00
200	Property, homeowner's, or renter's insurance	20c.	\$	0.00
200	l. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e	. Homeowner's association or condominium dues	20e.	\$	0.00
. Oth	er: Specify: Tuition (2)	21.	+\$	1,000.00
Aft	er School Activities		+\$	125.00
	ur monthly expenses. Add lines 4 through 21.	22.	\$	5,125.00
	e result is your monthly expenses. culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	10 959 72
	Copy unit 12 (your combined monthly income) from Scriedule 1. Copy your monthly expenses from line 22 above.	23a. 23b.		10,858.72
201.	. Oopy your monthly expenses nominate 22 above.	۷۵۵.	-Ψ	5,125.00
230	Subtract your monthly expenses from your monthly income.			
200	The result is your <i>monthly net income</i> .	23c.	\$	5,733.72
For mod	you expect an increase or decrease in your expenses within the year after yo example, do you expect to finish paying for your car loan within the year or do you expect your liffication to the terms of your mortgage? No.			or decrease because of a
	Yes.	<u>-</u>		
Exp	olain:			

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Eastern District of New York

In re	John O'Mahoney Carla O'Mahoney			Case No.	
	-		Debtor(s)	Chapter	13
	DECLARAT	TON CONCERN	NING DEBTOR	'S SCHEDUL	ES
	DECLARATION U	JNDER PENALTY (OF PERJURY BY I	NDIVIDUAL DEI	BTOR
	I declare under penalty of sheets, and that they are true and co				les, consisting of21
Date	May 13, 2015	Signature	/s/ John O'Mahon	ey	
			John O'Mahoney Debtor		
Date	May 13, 2015	Signature	/s/ Carla O'Mahoney Joint Debtor	-	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

United States Bankruptcy Court Eastern District of New York

In re	John O'Mahoney Carla O'Mahoney		Case No.	
		Debtor(s)	Chapter	13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$64,473.00	2015 YTD: Husband Employment
\$140,000.00	2014: Husband Employment
\$138,000.00	2013: Husband Employment
\$29,890.00	2015 YTD: Wife Employment
\$60,000.00	2014: Wife Employment
\$58,000.00	2013: Wife Employment

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL **OWING**

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

DATES OF

AMOUNT PAID OR VALUE OF

AMOUNT STILL

NAME AND ADDRESS OF CREDITOR

PAYMENTS/ **TRANSFERS**

OWING TRANSFERS

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING**

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF **PROCEEDING** COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

 $[^]st$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Richard S. Feinsilver Esq One Old Country Road Suite 125 Carle Place, NY 11514 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 5/2015 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
310.00 filing fee

4

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS

GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS

GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

6

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

BEGINNING AND NATURE OF BUSINESS ENDING DATES

NAME (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS ENDING DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

7

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT,

RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

8

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	May 13, 2015	Signature	/s/ John O'Mahoney	
		_	John O'Mahoney	
			Debtor	
Date	May 13, 2015	Signature	/s/ Carla O'Mahoney	
		_	Carla O'Mahoney	
			Joint Debtor	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court Eastern District of New York

In re	John O'Mahoney Carla O'Mahoney		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPEN			
pa	resuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016 id to me within one year before the filing of the petition half of the debtor(s) in contemplation of or in connection	in bankruptcy, or agreed to	be paid to me, for serv	
	For legal services, I have agreed to accept			2,500.00
	Prior to the filing of this statement I have received		\$	0.00
	Balance Due		\$	2,500.00
2. Tl	ne source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. Tl	ne source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4 . ■	I have not agreed to share the above-disclosed compe	nsation with any other persor	unless they are mem	bers and associates of my law firm.
	I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name			
5. Ir	return for the above-disclosed fee, I have agreed to ren	der legal service for all aspec	cts of the bankruptcy c	ease, including:
b. c.	Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, stated Representation of the debtor at the meeting of creditor [Other provisions as needed]	ment of affairs and plan whic	h may be required;	
6. B <u>y</u>	y agreement with the debtor(s), the above-disclosed fee	does not include the followin	g service:	
		CERTIFICATION		
	certify that the foregoing is a complete statement of any akruptcy proceeding.	agreement or arrangement for	or payment to me for re	epresentation of the debtor(s) in
Dated:	May 13, 2015	/s/ Richard S. Fe	einsilver	
		Richard S. Feins		
		Richard S. Feins One Old Country		
		Suite 125		
		Carle Place, NY 516-873-6330 F	11514 ax: 516-873-6183	
		feinlawny@yaho		

United States Bankruptcy Court Eastern District of New York

In re	John O'Mahoney Carla O'Mahoney		Case No.	
•		Debtor(s)	Chapter	13

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date:	May 13, 2015	/s/ John O'Mahoney	
		John O'Mahoney	
		Signature of Debtor	
Date:	May 13, 2015	/s/ Carla O'Mahoney	
		Carla O'Mahoney	
		Signature of Debtor	
Date:	May 13, 2015	/s/ Richard S. Feinsilver	
		Signature of Attorney	
		Richard S. Feinsilver	
		Richard S. Feinsilver Esq	
		One Old Country Road	
		Suite 125	
		Carle Place, NY 11514	
		516-873-6330 Fax: 516-873-6183	

USBC-44 Rev. 9/17/98

ARROW FINANCIAL 5996 W TOUHY AVE NILES, IL 60714

BANK OF AMERICA PO BOX 15019 WILMINGTON, DE 19886

BANK OF AMERICA BOX 15019 WILMINGTON, DE 19886

CENTRAL PORTFOLIO CONTROL 6640 SHADY OAK RD SUITE 300 EDEN PRAIRIE, MN 55344

CHASE PO BOX 15153 WILMINGTON, DE 19886

COLLECTCORP 300 INTERNATIONAL DR SUITE 100 WILLIAMSVILLE, NY 14221

CURTIS O BARNES ESQ PO BOX 13910 ANAHEIM, CA 17032

DISCOVER PO BOX 17084 CHARLOTTE, NC 28272

HOME DEPOT PROCESSING CTR DES MOINES, IA 50364

HSBC BOX 17051 BALTIMORE, MD 21297

HSBC MORTGAGE 636 GRAND REGENCY BLVD BRANDON, FL 33510 INTERNAL REVENUE SERVICE 11601 ROOSEVELT BLVD BOX 7346 PHILADELPHIA, PA 19114

KOHLS BOX 2983 MILWAUKEE, WI 57201

MERCHANTS AND MEDICAL 6324 TAYLOR DR FLINT, MI 48507

NYS DEPT OF TAXATION BANKRUPTCY UNIT BLDG 8 ROOM 455 WA HARRIMAN CAMPUS ALBANY, NY 12227

POWELL ROGERS & SPEAKS PO BOX 930 HALIFAX, PA 17032

RESURGENT CAPITAL PO BOX 10587 GREEBVUKKE, SC 29603

SAMS CLUB PO BOX 960016 ORLANDO, FL 32896

SOVERIGN BANK PO BOX 12646 READING, PA 19612

TEACHERS FCU 2410 N OCEAN AVE FARMINGVILLE, NY 11738

ZALES
PROCESSING CENTER
DES MOINES, IA 50364

Fill in this information to identify your case:					
Debtor 1	John O'Mahoney				
Debtor 2 (Spouse, if filing	Carla O'Mahoney				
United States B	ankruptcy Court for the:	Eastern District of New York			
Case number (if known)					

	Checl	c as directed in lines 17 and 21:						
According to the calculations required by this Statement:								
		1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
		2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
		3. The commitment period is 3 years.						
		4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	O-1 A	
	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 12,222.50	\$ 6,120.00
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$	\$ 0.00
All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$0.00_
Net income from operating a business, profession, or farm		
Gross receipts (before all deductions) \$0.00		
Ordinary and necessary operating expenses -\$		
Net monthly income from a business, profession, or farm \$ 0.00 Copy here ->	\$ 0.00	\$ 0.00
Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses \$ 0.00		

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1 John O'Mahoney Carla O'Mahoney			Case numb	oer (<i>if known</i>)			
			Column A Debtor 1		Column E Debtor 2 non-filing	or	
7. Interest, dividends, and royalties			\$	0.00	\$	0.00	
8. Unemployment compensation			\$	0.00	\$	0.00	
Do not enter the amount if you contend the Social Security Act. Instead, list it h		was a benefit under					
For you	\$	0.00					
For your spouse	\$	0.00					
 Pension or retirement income. Do not benefit under the Social Security Act. 	t include any amount rece	ived that was a	\$	0.00	\$	0.00	
 Income from all other sources not lis Do not include any benefits received ur received as a victim of a war crime, a c domestic terrorism. If necessary, list oth total on line 10c. 	nder the Social Security Acrime against humanity, or	ct or payments international or					
10a.			\$	0.00	\$	0.00	ı
10b			\$	0.00	\$	0.00	
10c. Total amounts from separate p	pages, if any.	+	\$	0.00	\$	0.00	
11. Calculate your total average monthly each column. Then add the total for Co			2,222.50	+ _	6,120.00	= \$_	18,342.50
							otal average
Part 2: Determine How to Measure Yo	our Deductions from Inco	nme.				m	onthly income
 12. Copy your total average monthly inc 13. Calculate the marital adjustment. Ch You are not married. Fill in 0 on lir 	eck one:					\$	18,342.50
You are married and your spouse	is filing with you. Fill in 0 ir	n line 13d.					
☐ You are married and your spouse	is not filing with you.						
Fill in the amount of the income lis dependents, such as payment of t							
In lines 13a-c, specify the basis fo adjustments on a separate page.	-	d the amount of inco	ome devote	d to each	ourpose. If n	ecessary,	list additional
If this adjustment does not apply,		Φ.					
13a 13b							
13c.		+ \$		<u> </u>			
13d. Total		\$	0.	<u>00</u> c	opy here=> 1	3d. - _	0.00
14. Your current monthly income. Subt	tract line 13d from line 12.				1	4. \$	18,342.50
15. Calculate your current monthly inco	ome for the year. Follow	these steps:					
15a. Copy line 14 here=>					15	5a. \$	18,342.50
Multiply line 15a by 12 (the num						х	12

Debtor 1 Debtor 2		ohn O'Mahoney arla O'Mahoney	_	Case number (if known)			
16. C a	alcula	ate the median family income that applies to y	ou. Follow these steps	:			
16	6a. Fil	I in the state in which you live.	NY				
16	Sb. Fil	I in the number of people in your household.	5				
		in the median family income for your state and s			16c.	\$	97,686.00
		find a list of applicable median income amounts, structions for this form. This list may also be avail		k specified in the separate		_	
17. H e		the lines compare?	able at the bankruptcy	oletik 3 omee.			
17	7a.	☐ Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N					determined under
17	7b.	■ Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu current monthly income from line 14 above.	. •	·			=
Part 3:	(Calculate Your Commitment Period Under 11	U.S.C. §1325(b)(4)				
18. C c	ору у	our total average monthly income from line 11	I.		18. \$		18,342.50
CC	ontend	the marital adjustment if it applies. If you are that calculating the commitment period under 1's income, copy the amount from line 13d.					
		arital adjustment does not apply, fill in 0 on line 1	9a.		19a. - \$		0.00
Sı	ubtra	ct line 19a from line 18.			19b.	\$	18,342.50
	_ 1 1	d	= "				
		ate your current monthly income for the year. ppy line 19b	•		20a.	¢	18,342.50
20						Ψ	
	IVIC	Iltiply by 12 (the number of months in a year).				x	12
20	Db. Th	e result is your current monthly income for the ye	ear for this part of the fo	orm	20b.	\$	220,110.00
20	oc. Co	ppy the median family income for your state and s	size of household from	line 16c		\$	97,686.00
21	1. Ho	ow do the lines compare?					
		Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	e ordered by the court	on the top of page 1 of this form,	check b	ox 3, <i>T</i>	he commitment
		Line 20b is more than or equal to line 20c. Unl commitment period is 5 years. Go to Part 4.	ess otherwise ordered	by the court, on the top of page 1	of this fo	orm, ch	eck box 4, The
Part 4:	,	Sign Below					
Ву	y sign	ing here, under penalty of perjury I declare that the	ne information on this s	tatement and in any attachments	is true ar	nd corr	ect.
χ/	s/ Jo	hn O'Mahoney	X /s	Carla O'Mahoney			
_	John	O'Mahoney	Ca	arla O'Mahoney			
	-	ure of Debtor 1 Nay 13, 2015		gnature of Debtor 2 ite May 13, 2015			
50	_	MM/DD/YYYY	50	MM / DD / YYYY			
	-	hecked 17a, do NOT fill out or file Form 22C-2.					
It :	you c	hecked 17b, fill out Form 22C-2 and file it with thi	s form. On line 39 of th	at form, copy your current monthl	y income	trom I	ine 14 above.

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Fill in	this information to identify your case:			
Debto	John O'Mahoney			
Debto (Spou	2 <u>Carla O'Mahoney</u> se, if filing)			
United	States Bankruptcy Court for the: Eastern District of New York			
Case (if kno	number wn)	□ Chec	k if this is an amende	d filing
	pter 13 Calculation of Your Disposable	Income		12/14
	out this form, you will need your completed copy of <i>Chapter 13 Stater</i> itment Period (Official Form 22C-1).	ment of Your Current Monthly	/ income and Calculati	on of
space	complete and accurate as possible. If two married people are filing to is needed, attach a separate sheet to this form, Include the line numb nal pages, write your name and case number (if known). Calculate Your Deductions from Your Income			
December 2200 If you	Internal Revenue Service (IRS) issues National and Local Standards questions in lines 6-15. To find the IRS standards, go online using the rmation may also be available at the bankruptcy clerk's office. The purple of papers and used in determining your deductions from the standards. Do not include any operating of the papers of the papers of the papers of the papers. The purple of papers used in determining your deductions from include and the papers.	pense. In later parts of the form expenses that you subtracted fr is income in line 13 of Form 220 permation required by a similar form.	te instructions for this n, you will use some of your income in lines 5 and C-1.	form. This rour actual d 6 of Form
5.	The number of people used in determining your deductions from income from the fill in the number of people who could be claimed as exemptions on your plus the number of any additional dependents whom you support. This number of people in your household.	federal income tax return,	5	
Nat	ional Standards You must use the IRS National Standards to an	swer the questions in lines 6-7.		
6.	Food, clothing, and other items: Using the number of people you enter Standards, fill in the dollar amount for food, clothing, and other items.	ed in line 5 and the IRS Nation	al \$	1,780.00
7.	Out-of-pocket health care allowance: Using the number of people you the dollar amount for out-of-pocket health care. The number of people is people who are 65 or olderbecause older people have a higher IRS allo higher than this IRS amount, you may deduct the additional amount on line	split into two categoriespeople wance for health car costs. If ye	e who are under 65 and	

Official Form 22C-2

John O'Mahoney Debtor 1 Carla O'Mahoney Case number (if known)

eople v	who are under SE veers of ago		
	who are under 65 years of age		
7a.	Out-of-pocket health care allowance per person	\$ 60	
7b.	Number of people who are under 65	X <u>5</u>	
7c.	Subtotal. Multiply line 7a by line 7b.	\$ 300.00 Copy line 7c here=> \$ 300.00	
eople v	vho are 65 years of age or older		
7d.	Out-of-pocket health care allowance per person	\$144_	
7e.	Number of people who are 65 or older	x <u> </u>	
7f.	Subtotal. Multiply line 7d by line 7e.	\$ \$ Copy line 7f here=> \$ 0.00	
7g.	Total. Add line 7c and line 7f	\$ 300.00 Copy total here=> 7g. \$ 30	0.00
_	and utilities - Mortgage or rent expenses	Program chart. To find the chart, go online using the link specified in t	ho
answ parate Hou	e instructions for this form. This chart may also	enses: Using the number of people you entered in line 5, fill	
answeparate Hou in th	er the questions in lines 8-9, use the U.S. Trusto instructions for this form. This chart may also using and utilities - Insurance and operating exp	e available at the bankruptcy clerk's office. enses: Using the number of people you entered in line 5, fill	
answ parate Hou in th	rer the questions in lines 8-9, use the U.S. Trusto e instructions for this form. This chart may also using and utilities - Insurance and operating exp ne dollar amount listed for your county for insurance	e available at the bankruptcy clerk's office. enses: Using the number of people you entered in line 5, fill and operating expenses. \$	
eparate Hou in th Hou 9a.	rer the questions in lines 8-9, use the U.S. Trusted instructions for this form. This chart may also using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5,	e available at the bankruptcy clerk's office. enses: Using the number of people you entered in line 5, fill and operating expenses. \$	
eparate Hou in th Hou 9a.	rer the questions in lines 8-9, use the U.S. Truster instructions for this form. This chart may also using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expense.	e available at the bankruptcy clerk's office. Inses: Using the number of people you entered in line 5, fill and operating expenses. \$	
eparate Hou in th Hou 9a.	rer the questions in lines 8-9, use the U.S. Truster instructions for this form. This chart may also using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6	e available at the bankruptcy clerk's office. Inses: Using the number of people you entered in line 5, fill and operating expenses. \$	
eparate Hou in th Hou 9a.	rer the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	e available at the bankruptcy clerk's office. Enses: Using the number of people you entered in line 5, fill and operating expenses. \$	
p answer Hou in the Hou	rer the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also using and utilities - Insurance and operating expline dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	e available at the bankruptcy clerk's office. enses: Using the number of people you entered in line 5, fill and operating expenses. \$	
eparate Hou in th Hou 9a.	rer the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also using and utilities - Insurance and operating expline dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	e available at the bankruptcy clerk's office. Inses: Using the number of people you entered in line 5, fill and operating expenses. \$ 2,785.00 Indicate the dollar amount seed to the dollar amount se	809.00
o answeparate Hou in th Hou 9a.	rer the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor -NONE-	e available at the bankruptcy clerk's office. Inses: Using the number of people you entered in line 5, fill and operating expenses. \$ 2,785.00 Ind other debts secured by your home. Ind all amounts that are months after you file Average monthly payment \$ 2,785.00 Repeat this	809.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

ebtor 2	Carla O'Mahoney		C	ase number (if	known)		
11.	Local transportation expenses: Check the number of veh	nicles for which	vou claim an	ownership	or operating	expense.	
	_		you ola a		o. opo.ag	, expense.	
	□ 0. Go to line 14.						
	☐ 1. Go to line 12.						
	2 or more. Go to line 12.						
12.	Vehicle operation expense: Using the IRS Local Standard operating expenses, fill in the Operating Costs that apply fo						684.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loar more than two vehicles.						
Vel	nicle 1 Describe Vehicle 1:						
13a.	Ownership or leasing costs using IRS Local Standard		13a.	\$	0.00		
13b.	Average monthly payment for all debts secured by Vehicle	1.					
	Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mo bankruptcy. Then dived by 60.						
	Name of each creditor for Vehicle 1	Average mo	onthly				
	-NONE-	\$					
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$	60, enter \$0.	Copy 13 here => 13c.	-\$ \$		Repeat this amount on line 33b. Copy net Vehicle 1 expense here => \$	0.00
Vel	Describe Vehicle 2:						
13d.	Ownership or leasing costs using IRS Local Standard		13d.	\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle leased vehicles.	2. Do not includ	e costs for				
	Name of each creditor for Vehicle 2	Average mo	onthly				
	-NONE-	\$					
			Copy 13 here =>		0.00		
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$	60, enter \$0.	13f.	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles <i>Transportation</i> expense allowance regardless of whether you				ds, fill in the	Public \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in not claim more than the IRS Local Standard for <i>Public Tran</i>	what you believ					0.00

John O'Mahoney

Debtor 1 Debtor 2 John O'Mahoney Carla O'Mahoney

Case number (if known)

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social scurity taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include roal estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as refirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance, if two married people are filing topether, include payments that you make for your spouses term life insurance. But he order of life insurance only or dependents, for a non-filing spouse's life insurance, or for any form of life insurance content than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support, payments as a condition for your job, and the payments of past due obligations for spousal or child support payments. The total monthly amount that you pay for education that is either required: a so condition for your job, and the payments of pay elementary or secondary school education. 21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for all payments are represented by the payments for the bright and vertice of your or that the payment payment payments for the bright hand welfare of the life of the production of the production of payments for health insurance or health sa	Oth	Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.							
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 8. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 22. Do not include payments for any elementary or secondary school education is available for similar services. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents included only the amount that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Included only the amount that sure free intered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, calier identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not entimetrate by your employment. 24. Add all of the expenses al	16.	self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.						4,682.00	
Bo not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you make for your spouse's term life insurance. If two married people are fling together, include payments that you make for your spouse's term life insurance. If wo married people are fling together, include payments that you make for your spouse's term life insurance. 19. Court-ordered payments: The tensurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The test monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 0.00 20. Education. The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 5. 0.00 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and wellare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and wellare or that of your dependents for for the production of income, if it is not reimbursed by your health a	17.			uctions tha	t your job red	quires, such as retirement			
18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Or for any form of life insurance or life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance or life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance or life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance or life insurance or health savings accounts that you pay for education that is either required: as a condition for your play. Or or your physically or mentally challenged dependent child if no public education is available for similar services. 10.00 11. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 12. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25. 13. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents; such as pages, call vialing, caller identification, special long distance, or business call phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, fit is not reimbursed by your employer. 12. Add all of the expenses allowed under the IRS expense allowances listed in lines 6-24. 13. Additional Expense Deductions 14. These are additional deductions allowed by the Means Test. 15. Mote: Do not include any expenses of the health insurance, disability insurance, and health savings accounts that								290.00	
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments or past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments or payments or payments or payments or payments or payments or any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Payments for health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Do put include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.000	18.	filing together, include payme Do not include premiums for	ents that you make for your life insurance on your depe	spouse's	term life insu	rance.	\$	0.00	
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare or the variety dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 45. Meditional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. P	19.					by the order of a court or			
as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 24. Add all of the expenses allowed under the IRS expense allowances. 25. Additional Expense Deductions 26. These are additional deductions allowed by the Means Test. 27. Note: Do not include any expense allowances listed in lines 6-24. 27. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 28. 0.00 29. Yes 20. Oot Copy total heres 20. Oot Copy total heres 20. Oot Copy total heres 20. Oot Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and s		• •				ou will list these obligations in line 35.	\$	0.00	
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Do not include payments for any elementary or secondary school education. \$ 0.00 Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 4 Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings accounts expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance				ild if no pu	blic educatio	n is available for similar services.	\$	0.00	
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Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 0.00 Copy total here=> \$ 0.00 No. How much do you actually spend? Yes \$ 0.00 Total \$ 0.00 \$ 0.0	24.	24. Add all of the expenses allowed under the IRS expense allowances.						1,330.00	
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Disability insurance \$ 0.00 Health savings account + \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	25.	insurance, disability insurance					r		
Health savings account Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health insurance		\$	0.00				
Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Disability insurance		\$	0.00				
Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health savings account	+	- \$	0.00	_			
No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Total		\$	0.00	Copy total here=>	\$	0.00	
26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.									
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safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of					\$	0.00	
By law, the court must keep the nature of these expenses confidential.	27.								
		By law, the court must keep t	the nature of these expense	es confider	ntial.		\$	0.00	

Debtor 1 Debtor 2	John O'Mahoney Carla O'Mahoney	Case number (if .	known)		
28.	Additional home energy costs. Your hom allowance on line 8.	ne energy costs are included in your non-mortgage hous	sing and utilities		
		costs that are more than the home energy costs included ce, then fill in the excess amount of home energy costs.			
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that ary.	the additional	\$	0.00
29.		dren who are younger than 18. The monthly expenses ependent children who are younger than 18 years old to			
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain whot already accounted for in lines 6-23.	y the amount		
	·	ery 3 years after that for cases begun on or after the dat	te of adjustment.	\$	0.00
30.		the monthly amount by which your actual food and cloth g allowances in the IRS National Standards. That amour so in the IRS National Standards.			
		tional allowance, go online using the link specified in the so be available at the bankruptcy clerk's office.	e separate		
	You must show that the additional amount	claimed is reasonable and necessary.		\$	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable organization	e amount that you will continue to contribute in the form anization. 11 U.S.C. § 548(d)3 and (4).	of cash or financial	\$	80.00
32.	Add all of the additional expense deduc Add lines 25 through 31.	tions		\$	80.00
Ded	uctions for Debt Payment				
I	oans, and other secured debt, fill in lines	in property that you own, including home mortgage 33a through 33g. ent, add all amounts that are contractually due to each			
	creditor in the 60 months after you file for ba				
	Mortgages on your home			Average payment	
33a.	Copy line 9b here		=>	\$	0.00
	Loans on your first two vehicles				
33b.	Copy line 13b here		=>	\$	0.00
33c.	Copy line 13e here		=>	\$	0.00
Nam	ne of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?		
			□ No		
33d.	-NONE-		☐ Yes	\$	
			□ No		
			□ No □ Yes	_	
33e.			☐ 1e3	\$	
			□ No		
33f.			☐ Yes +	\$	
				· 	
			Сор		
		s 33a through 33f\$	tota		

	n O'Mahoney a O'Mahoney			Case	e number (if known)		
4. Are any or other	debts that you listed in li property necessary for y	ne 33 secured by your p our support or the supp	orimary reside ort of your d	ence, a vehicle ependents?	,		
■ No.	Go to line 35.						
_	State any amount that you	u must pay to a creditor, i	n addition to th	ne payments			
	listed in line 33, to keep p Next, divide by 60 and fill	ossession of your propert	ty (called the d				
Name of the	creditor	Identify property that s	ecures the deb	t	Total cure amount	Monthly amount	
NONE-				\$		÷60 = \$	
						Сору	
				Total	\$ 0.00	total	0.0
	owe any priority claims - s due as of the filing date of				at		
-	Go to line 36.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
_	Fill in the total amount of	all of these priority claims	Do not includ	de current or			
163.	ongoing priority claims, si			de current of			
	Total amount of all past-	due priority claims			\$ 9,141.00	o ÷60 \$	152.
	·					<u>σ</u> . οο ψ_	102.
-	ed monthly Chapter 13 pla				\$	_	
Office of the Exec To find a l	multiplier for your district as the United States Courts (f cutive Office for United State ist of district multipliers that inc instructions for this form. This li	for districts in Alabama an es Trustees (for all other d cludes your district, go online	d North Carolidistricts). using the link sp	ina) or by	x	T comusedad	
Average	monthly administrative exp	pense			\$	Copy total here=> \$	
	of the deductions for deles 33g through 36.	bt payment.				\$	152.36
otal Deduc	ctions from Income						
3. Add all d	of the allowed deductions	s.					
	ne 24, All of the expenses a e allowances	allowed under IRS	\$	11,330.00	_		
•	ne 32, All of the additional e	expense deductions	\$	80.00	-		
Copy lir	ne 37, All of the deductions	for debt payment	+\$	152.36	-		
Total de	eductions		\$	11,562.36	Copy total here=	=> \$	11,562.3

John O'Mahoney

JEDIOI I	John O'Maho Carla O'Maho	-		Case	number (i	f known)		
Part 2:	Determine Yo	our Disposable Income Under 1	1 U.S.C. § 1325(b)(2	2)				
		urrent monthly income from line Current Monthly Income and C					\$	18,342.50
chil disa rece nec 41. Fill	Idren. The mont ability payments eived in accorda cessary to be exp in all qualified	ably necessary income you rece thly average of any child support in for a dependent child, reported in ance with applicable nonbankrupto bended for such child. retirement deductions. The most from wages as contributions for que	payments, foster care n Part I of Form 22C-1 cy law to the extent re nthly total of all amou	e payments, or 1, that you easonably ints that your	\$	0.	.00	
in 1		b)(7) plus all required repayments			\$	2,512.	.00	
42. Tot	al of all deduct	ions allowed under 11 U.S.C. §	707(b)(2)(A). Copy li	ne 38 here=>	\$	11,562.	.36	
exp thei	enses and you hir expenses. You	cial circumstances. If special cir have no reasonable alternative, d u must give your case trustee a de documentation for the expenses.	escribe the special ci etailed explanation of	rcumstances and				
Descri	be the special o	circumstances	A	Amount of exper	ise			
43a.			\$					
43b.			\$ <u>_</u>					
43c.			\$					
43d.	Total. Add lines	s 43a through 43c.	\$	0.00	Copy 4 here=>		0.00	
44. Tot	al adjustments	Add lines 40 through 43d.		=> \$	14	4,074.36	Copy total here=> -\$	14,074.36
45. Cal	culate your mo	onthly disposable income under	. § 1325(b)(2). Subtra	act line 44 from lin	e 39.		\$	4,268.14
Part 3:	Change in In	come or Expenses						
repo you belo 220	orted in this form or bankruptcy pet ow. For example C-1 in the first co	e or expenses. If the income in Forn have changed or are virtually cestition and during the time your case, if the wages reported increased olumn, enter line 2 in the second cen the increase occurred, and fill	ertain to change after se will be open, fill in the after you filed your p column, explain why the	the date you filed the information etition, check he wages				
Form	Line	Reason for change		Date of change		rease or crease?	Amount of o	:hange
☐ 22C-	-2 -1 -2 -1 -2				-	Increase Decrease Increase Decrease Increase Decrease Decrease Decrease Decrease	\$ \$ \$	

Debtor 1 Debtor 2			Case number (if known)
	I a		
Part 4:	Sign Below		
	y signing here, under penalty of perjury you declare that the info		on this statement and in any attachments is true and correct. /s/ Carla O'Mahoney
	John O'Mahoney Signature of Debtor 1		Carla O'Mahoney Signature of Debtor 2
_	May 13, 2015 MM / DD / YYYY	Date	May 13, 2015 MM / DD / YYYY

Debtor 1	John O'Mahoney	
	Carla O'Mahoney	Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2014 to 05/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages

Constant income of \$12,222.50 per month.

Debtor 1	John O'Mahoney		
	Carla O'Mahoney	Case number (if known)	

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **12/01/2014** to **05/31/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages

Constant income of \$6,120.00 per month.